

Annual Equality Report 2014/5



Exceptional healthcare, personally delivered

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Introduction

North Bristol NHS Trust (NBT) is a centre of excellence for health care in the South West region in a number of fields as well as one of the largest hospital trusts in the UK. The Trust provides a range of acute and community services and employs around 10,000 staff. Around one fifth of our workforce is based outside the traditional hospital setting in the local community.

We treated around 114,000 inpatients, including day patients, as well as caring for over 101,000 people in our Emergency Department at Frenchay and our Minor Injuries Units at Southmead and Yate. More than 6,100 babies are born at Southmead, Cossham, at home or elsewhere in the community and we carry out approximately 338,000 outpatient appointments.

Why Equality and Diversity matters to us

North Bristol NHS Trust has drawn up a set of values which is committed to putting patients first, working well together, striving for excellence and recognising the person.

This is underpinned by the equality values to ensure that patients, staff and carers are treated with respect, whatever their equality profile and an environment of leadership for equality is encouraged throughout the organisation. The Board provides corporate leadership which is taken up by senior managers throughout the Trust and Corporate Equality Champions were appointed at Board level who give strong leadership to this work.

It is important to note that work has been carried out to promote equality and to ensure that discrimination does not happen over a number of years as this fits with our values to treat everyone with respect and dignity. North Bristol NHS Trust (NBT) continues to work towards meeting the legal requirements set out under the Public Sector Equality Duties of the Equality Act 2010 and the objectives of the Equality Delivery System (EDS). Every year we build on our previous success and become more robust in our approach to the equality agenda.

We believe that the experience of patients and staff has improved as a result of the equality initiatives we have taken so far and that we have mechanisms in place to support the workforce.

NBT is keen to work towards eliminating discrimination, promote equality and advance positive relationships between people with protected characteristics and those without them.

What make 2014 special

2014 was a landmark year for the Trust as in May services were transferred from Frenchay and Southmead hospitals into the new Brunel building. This is at the heart of the Southmead Hospital Bristol site and is supported by existing clinical services including maternity, pathology and breast care which is based in the refurbished Beaufort House alongside a Macmillan Wellbeing Centre.

The new hospital dramatically improves privacy and dignity for patients with 75 percent of beds in single rooms with their own en-suite facilities and a clinical corridor which means they do not have to be taken past members of the public before or after their operations. Further, it encourages team working and a greater link between departments.

Considering the move to the new hospital in 2014 staff have worked extremely hard in every department to maintain high service standards and to meet the requirements of everyone, whatever their protected characteristic.

This report is compiled annually from information provided by departments across the Trust which shows some of the innovative activities that demonstrate how the Trust is meeting its legal obligations. This report also shows the work from 1st January 2014 – 31st March 2015 and gives a review of for previous years.

All of the protected characteristics are taken into consideration, some departments like Human Resources cover them all and include them in all policies; others work on specific equality areas according to their service. It should be noted that everyone will belong to at least five of the protected characteristics and many areas have embedded these into all they do.

Lesley Mansell

Equality and Diversity Manager

Human Resources & Development

April 2015

1 The NBT Approach to Equality and Diversity

National requirements and changes

Equality Act 2010 - The Equality Act 2010 requires the Trust to publish information to show how we meet the law in that we show “due regard” for equality, that we promote it and do not discriminate. “Due Regard” means consciously thinking about the three aims of the general duty as part of the process to decision making.

Equality Delivery System (EDS) - NBT continues to use the EDS to meet the requirements of the Equality Act 2010 and be better placed to meet the registration requirements of the Care Quality Commission (CQC) and other external auditing bodies. NHS England declared this to be mandatory as of April 2015.

The Equality Delivery System 2 has four broad objectives for 2012-2016, although each of these objectives are defined further the overall aims are:

- Better health outcomes (for patients)
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Workforce Race Equality Standard - The development of a Workforce Race Equality Standard (WRES) was proposed by NHS England and the Equality & Diversity Council (EDC) in July 2014. Its aim is to improve workplace experiences and employment opportunities for Black and Minority Ethnic (BME) people in the NHS, or those who want to work in the NHS, by taking positive action to help address workforce race inequalities.

From 1st April 2015 the Trust will be required to provide baseline statistics and evidence on how it meets the standard. Early indications are that the organisation is in a good position on many of these statistics and can evidence the work it does to support BME staff.

Snowy White Peaks Report - This research by Roger Kline (Middlesex University: 2014) considers the extent of the gap between the diversity apparent in the workforce and the local population in London, and that visible among Trust leaderships and senior management. That gap is then considered in the light of growing evidence about the impact of staff and Board diversity on the effectiveness of healthcare provision and the patient experience. The researchers were especially concerned with tracking ethnicity, but also considered the under-representation of women.

The findings showed the proportion of senior and very senior managers who are BME has not increased since 2008, when comparable grading data was available, and has fallen slightly in the last three years. The likelihood of White staff in London being senior or very senior managers is three times higher than it is for Black and Minority Ethnic staff, that the issues explored within London were reflected nationally in every respect.

The data demonstrates that there remains a very significant gap between the composition of Trust Boards and national NHS bodies, and the rest of the workforce. Statistics for NBT show a higher percentage of BME board members than for London however the BME staff are largely concentrated in band 5 and work is being done to address this.

The Care Quality Commission (CQC) - The CQC are the independent regulator of health and adult social care in England. One of its principles aims is to promote equality, diversity and human rights to ensure good quality care. To put this principle into practice, the CQC have developed a human rights based approach to regulation. This approach looks at a set of human rights principles – fairness, respect, equality, dignity, autonomy, right to life and rights for staff – in relation to the five key CQC questions focusing on quality of the services.

2 North Bristol NHS Trust Vision and Values

At NBT our vision is: “Exceptional Healthcare, Personally Delivered” which ensures that everyone who uses our services, their carers and staff have the best possible experience. We have developed our values in conjunction with staff and these are:

- Putting patients first
- Working well together
- Striving for excellence
- Recognising the person

Our approach to achieving this is called “iCare” and contains commitments which we place at the centre of everything we do with the aim of guaranteeing the best experience for all.

iCare means:

I am responsible for

Communication that’s effective

Attitude that’s positive

Respect for patients, carers and colleagues,

Environment conducive to care and recovery

Linking National Drivers with our vision and values

For North Bristol Trust it has never been the case of just meeting the law, work on equalities is threaded into much of what we do and our aim is putting patients first, ensuring they receive exceptional healthcare that is personally delivered.

NBT has drawn up the iCare values in partnership with staff which reflect the requirements set out in the NHS constitution. Previously the Trust implemented equality schemes followed by the Equality Delivery System which gives us a framework and sets our equality objectives.

The Trust seeks to develop a safe and supportive environment by demonstrating a commitment to equality throughout the organisation.

The information in this report provides patients, staff, the public, commissioners, national bodies such as the Care Quality Commission with headline statistics about how we deliver our employment function, details of service delivery together with the experience of patients and staff and the impact this has over a number of years. We aim to show both quantitative and qualitative information.

The Equality and Diversity committee has responsibility to oversee and monitor the work that is carried out, while the equality data gathered helps us to identify how we perform and how we can improve in relation to our objectives which underpin the Public Sector Equality Duty (PSED).



Zahir Babur secured a post with support from the BME Development Group

3 Section Review Equality Work 2009 - 2013

North Bristol NHS Trust Equality Actions				
2009	2010	2011	2012	2013
Equality Scheme report, consulted on and published	Race, Disability/ Gender schemes merged. LGBT, R&B, Age added. Action Plan done	Exec member takes up Disability Champion role (mental health)	EDS introduced. Grade "Achieving." Equality objectives set for next 4 years	Corporate Equality Champions identified for Race, LGBT and Gender
Recruitment Process reviewed	Annual Statistics Report compiled/ published	Consultation BPAC/BME groups new hospital	Senior manager takes up Disability Champion role (physical disability)	BME career dev group set up. Offered senior level mentors
EQ monitoring job applicants, race, disability, gender, sexual orientation, religion/belief & age	'Seldom Heard' research/ report with "Hard to Reach" patient groups produced, impact on action plans for NHS and councils	LGBT Charter of 10 Standards approved by Board/published on intranet	Mindful Employer charter – Re-awarded.	Charter 10 standards for Trans people approved. Guidelines to support staff who transition produced for key staff
New H&B policy and Helpline established	Review PWLD Shaped action planning process	Dedicated liaison Officer for Gypsy Travelling Communities	Gypsy/Roma/ Traveller various positive health initiatives	Two Ticks scheme reviewed and re-awarded
Consultation on access for patients	EQ events marked BME, LGBT HM, IWD, WAD, IDDP, Chinese New Year. Ramadan fact sheet produced.	Disability history month marked	H&B service feedback shows positive experiences, but low usage	Lord Mayor of Bristol, Leader of Bristol Council Labour group at LGBT HM & IWD

Staff Equality group re-established	"Top 10 tips" leaflet to welcome Trans people distributed	Bristol Pride survey shows NBT supportive environment and services to LGBT people	Charter of 10 Standards for Disabled staff approved by Board/published on intranet	13% staff undertook equality training
Two Ticks scheme promoted	NBT signed to Mindful Employer Charter	Project with bereaved children in two schools	Equality Training for Employment Services on disability issues	Appt 4 honorary chaplains: Hindu & Muslim
Electronic Staff Record refreshed to increase equality information	SHA – Equality web audit completed. NBT legally compliant	Arts programme for staff	Gynae – thanked by female to male Trans patient for the excellent care received	Child Care Services – Training on Disability and Cultural awareness.
Access to Work promoted on Message of the Day	Equality Impact Assessment process agreed	Food survey & engagement with EQ groups ensure multi-cultural diet met	Translating service - 500 calls received. Out of hours BSL service rolled out	Porters trained on how to respond to deceased patients of multi-faiths
Patient Experience Group established	Equality training delivered to Trust board and key managers	Mystery Shopper to ensure good treatment for disabled job applicants	Easy Read leaflets produced in different formats, e.g. Braille, large print	Appt Somali link workers to meet needs of local community

4 Section Leadership

The Trust Board has overall responsibility for the equality agenda. They receive the Annual Equality Report and Annual Equality Statistics report. The Board has undertaken equality training and is due to have more on the Workforce Race Equality Standard in 2015. Board and senior managers have become mentors for BME staff.

The Equality and Diversity Manager works in partnership across the Trust with Directorates, with staff and equality groups, Staff Side, Patient Experience Group and externally with other NHS Trusts, the CCG and South West Clinical Support Group, local authorities, mainly Bristol City Council and South Gloucestershire Council HeathWatch, LGBT Forum, Men's and Boy's Health Forum, Gypsy, Roma, Traveller Group and Patient Representatives building positive relationships throughout, where the good practice and expertise are often called upon and gained the Trust a reputation as a leader in the equality field.

Corporate Equality Champions - There are two Board members, one non-executive and one executive member who lead on equality, they both sit on the Equality and Diversity Committee, which the Executive member chairs.

Further, Trust Board members and senior managers have become corporate equality champions for Race, Disability, Gender and Lesbian, Gay, Bisexual and Trans (LGBT) staff.

Executive Director Walkabouts - The Executive Team take time to go "out and about" in our hospitals and community services visiting staff, talking to their patients and service users. Some are planned visits and others are unannounced. In October 2014 members of the executive were based in different areas of the Brunel Building and staff were invited to meet them and discuss the things of importance, hear updates of what was taking place across the Trust or to identify what support the Executive Team can provide.

Equality and Diversity Committee - This committee has responsibility to ensure that North Bristol Trust is compliant with equality legislation, that services are appropriate, accessible and responsive, that staff have the best skills, that the Trust meets the requirements of relevant audits, promotes good practice, identifies barriers to progress and demonstrates that it respects and values the diversity of our workforce, patients, service users, carers and visitors. It reports to the Workforce Committee which then reports to the Board. It also agrees the Equality Action strategy. Equality is included in the Trust risk register and the E&D committee considers appropriate action to deal with these. It met 5 times from January 2014 – March 2015 and considered:

- Redrafted Equality and Diversity Policy
- Reviewed its Terms of Reference
- Annual Equality Report
- Annual Equality Statistics Report
- Update reports on the work of the BME and Disabled Staff Development Groups
- Equality Objectives and priorities for 2015 – 2016
- Respect and Dignity statement for the Trust
- Recommended basic IT training for older staff
- Staff Attitude Survey Results for 2013

- Annual Harassment and Bullying report
- NHS Employers audit of NBT
- Family and Friends Test report for patients for 2013-2014
- “Snowy Peaks” Research
- Equality Impact Assessments
- Patient Experience Strategy
- NHS England – Equality Delivery System and Race Equality Standard to be mandatory
- Equality Award for directorates to achieve

Lead programme - Leadership Development Programme (LEAD) incorporates NBT values including ‘Recognising the Person’ and aims to capacity build skills for future managers. Members were offered “Valued Manager” training on equality and diversity with an external consultant. These are very popular and more are planned in 2015. Other extensive training is also provided e.g. Recruitment, Harassment and Bullying.

There has been widespread training for staff on the iCARE programme which looks at NBT from the patient’s point of view and encourages connections between people that make a difference to service delivery.

5 Patients

Aims and objectives - Our aims and objectives are in line with the Trust values and the Equality Delivery System: Better health outcomes for patients and improved patient access and experience which takes into account all the protected characteristics. To support this there is extensive training offered to key managers, targeted training is conducted where requested along with advice provide by the Equality and Diversity Manager. All staff must undertake equality training on the Managed Learning Environment. The intranet equality pages contain a wealth of information, contact details and is updated regularly. Equality issues are promoted continually, the Equality Newsletter is published monthly and widely available, raising awareness of what is involved. The following shows some of the activities to achieve these overall objectives.



Volunteers at an Equality Training Workshop

6 Section Service Delivery Patients

Better health outcomes - Access for all patients was increased dramatically when the new hospital building, (Brunel building) was opened in May 2014. Privacy and dignity for patients was increased as 75 percent of beds are now in single rooms with en-suite facilities. There is a clinical corridor which means patients are not transported past members of the public before or after their operations. Further, it encourages team working and a greater link between departments which increases the safety of patients.

There are a number of initiatives that involve service users, like the Patient Experience Group who advise on service delivery and design who have different protected characteristics. CCHP involve young people in service design and interviews for certain posts. Capital Projects engaged with the Bristol Physical Access Chain (BPAC) and BME groups who were asked to review the internal design of the Brunel building.

Engagement was carried out in the early design stage of the Brunel building with the Bristol Physical Access Chain (BPAC) and BME groups who were asked to review the internal design of the Brunel building.

There is a Patient Safety & Clinical Risk Team which reviews clinical incidents and assists with measures to mitigate risk across the Trust and circulates monthly reports to Directorates. The work of the team is integrated across the Trust as their representatives sit on various committees and groups to tackle patient safety and clinical risk issues.

The Central Alert System is managed by the team with alerts being circulated to the relevant areas for action and feedback by the timescales requested.

There are two dedicated staff who deal with Gypsy, Roma and Parvee (GRP) travelling communities. Security have a liaison officer, the post was established when two members of the community were admitted to the Emergency Department. He organised parking for the whole community so they could visit. There is also a dedicated Health Visitor who works closely with members of this community and provides training for other professionals to raise awareness about their requirements in health, education, social care and elsewhere. She arranged vaccinations for GRP children. School nurses also provide immunisation and promote health awareness to young people in secondary schools.

School nurses work in line with the National Child Management programme with checks for height, weight vision and hearing, provide immunisation for year 8 (girls) and year 9 (girls and boys) and give support in secondary schools which includes health promotion, advice on sexual health, sexual orientation and gender.

Improved patient access and experience - Religious, spiritual and pastoral care is offered to patients, visitors and staff of all faiths or none and is a valued part of patient care within Southmead hospital.

It is the policy of the Trust to provide all patients, whose preferred method of communication is not English, with appropriate access to information about Trust services, their treatment and care. In 2014 NBT organised British Sign Language interpreting and foreign language interpretation when requested.

The Fresh Arts Programme organises a number of initiatives throughout the year to improve the experience of patients, their families and carers.

The Volunteer Service, comprises people drawn from diverse background. They acted as “Move Makers” who are available near the check-in points and reception to offer assistance to any patient. This service proved highly effective immediately after the move into the new building and has continued since.

The Patient Experience Group (PEG) works with the community ensuring that the Trust puts patients at the heart of everything it does. Patient Experience Leads are nominated by every ward. A new Patient Experience Strategy (2014–2017) was drawn up in consultation with staff, patients and carers.

A Complaints and Concerns Policy and Procedure was put in place in 2010 which aims to create a culture that encourages and welcomes patient and service user feedback and gives a commitment to avoid any discrimination against complainants. This is managed by the Advice and Complaints Team (ACT).

Patient Experience Feedback - The National Inpatient survey reported relatively positive experiences. The Family and Friends Test for Patients (2013-2014) show that 94% of patients would recommend our inpatient and maternity services to their family and friends. Equality monitoring is carried out on this test and responses came from a variety of patients with protected characteristics. This showed that Deaf patients had a very positive experience.

7 Case Studies

Bristol Centre for Reproductive Medicine (BCRM) - To improve patient access and experience the Centre approached the Equality and Diversity manager for advice on how to engage with the lesbian community. They undertook a programme of outreach work to inform lesbian and single woman of the service as numbers were low. The centre organised an open evening for prospective lesbian and other patients together with existing BCRM service users. This had widespread advertising on screens in the Brunel building, the Trust facebook site and twitter. This reached staff through the NBT bulletin, message of the day, Directorate and Equality newsletters. Dates for open evenings were included in the GPs’ newsletter. A stand was provided at an alternative parenting event and there is an increase in the promotion of alternative families on their website as photos are not all of heterosexual couples.

The first lesbian open evening was very successful. These events are staffed by a multi-disciplinary team, including doctors, embryologists, nurses and admin staff. The members of staff who attend these evenings and provide information to patients include some who are BME, Lesbian and Gay.

Referrals from April 2014 to April 2015 were: Same Sex Couples = 37
Single Women = 40

Patients need to manage their own care and maintain a strict drug regime case studies show that this was not as effective as desired so Patient Information Meetings (PIM) were established where the drug regime is discussed and finally patients receive a 1:1 personally planning appointment which covers injections and drugs and information is provided in a different way.

This is a more consistent method to give information and the centre receives great feedback from patients.

In May 2014 the Treatment Support Service was piloted and was seen as being very successful and has continued ever since. All patients are given a questionnaire to assess their emotional resilience; they are offered this service and patients are continually monitored. If there is evidence of low resilience an appointment is offered with a counsellor for treatment support. The support offered includes counselling, mindfulness group evenings etc. A study has shown if patients are supported emotionally through treatment they will be more likely to return to treatment.

The BCRM senior management team demonstrates its commitment to promoting good equality practice by:

- Setting up a Patient Group which includes heterosexual couples, lesbian couples and single women
- Service promoted on community radio. A consultant was interviewed on 'Shout out' a programme for LGBT people. The Equality and Diversity Manager promoted it on Ujima (BME radio station)
- Monitoring and assessing referrals of lesbian couples and single women on a monthly basis
- Monitoring all patients who attend the open evenings
- Having a Lead Nurse for the service for single women
- Reviewing all paperwork to ensure it is non-discriminatory
- Producing "fit for purpose forms" to provide an equitable service for all
- Compiling a leaflet on legal parenting issues where donor sperm is used
The main beneficiaries are lesbian couples, single women and male patients who cannot produce semen
- Questionnaires are monitored recorded and assessed and each section has a KPI
- Results are presented at monthly quality meetings at BCRM and at directorate Women and Children's clinical governance meetings
- These are also reviewed by external bodies that inspect the centre this includes the HFEA regulatory body for Fertility units and ISO (BCRM certified for its Quality Management System (9001:2008)).
- Donor Sperm – provide BME sperm if at all possible
- A company who provided donor sperm placed restrictions on the patient groups who were allowed to use the gametes. The result was that an alternative provider was sourced
- New equipment was bought for disabled patients who require clinical intervention to provide semen
- The centre provided treatment for a young patient undergoing gender reassignment. The feedback from the patient and their family was very complementary
- The centre provides a service for people who wish to preserve their fertility before gender reassignment procedures (these may render them infertile)
- The centre provides equitable services for Lesbian women, single women and patients with disabilities
- A team member sits on the NBT Equality and Diversity Committee

Patient feedback is extremely positive and includes the comments: "Friendly staff, all rooting for us to succeed. Same sex partner treated equally". (Dec 2014)

"One couple I spoke to said they'd come up from North Devon because our website made it clear that we welcomed lesbian couples whilst other clinics hadn't."

The impact of this is that it has improved patient experience and the service is gaining widespread recognition. Future work includes more open evenings for lesbians, attending Bristol LGBT Pride in 2015 and more open evenings being planned for lesbian women in 2015.

Cancer Services - Last year 39% of outpatients were female and 58% male and 6% describe themselves as Black or Ethnic Minority (BME). The annual National Cancer Patient Experience Survey for 2014 Survey showed significant improvement at NBT from 2013, the Trust was in the top ten of the most improving Trusts.

Key areas have been addressed like including verbal and written information, communication with patients; care provided by doctors, clinical nurse specialists (CNS) and ward staff, as well as support for people with cancer and the provision of information to patients regarding free prescriptions and financial advice.

NBT continues to lead nationally on cancer survivorship during 2014/2015 by building expertise and capacity in implementing alternative and holistic approaches to cancer aftercare.

- September 2015 saw a key mile stone in the strategy to improve patient experience at NBT with the opening of the NHS Macmillan Wellbeing Centre at Southmead Hospital.
- Women going through treatment for cancer were given an afternoon of pampering at the NGS Macmillan Wellbeing Centre in November 2014 when they were treated to a master class by beauty experts from charity "Look Good Feel Better".
- All cancer teams run regular "Living Well" events offering information and advice on health and wellbeing pre and post-treatment and signposting to local support services.
- A number of cancer teams in collaboration with the psychology service also run self-management courses for patients.

Evaluations of these programmes indicate high levels of patient satisfaction and improved patient experience and outcomes.

During 2014/2015 there has been a funded pilot with Macmillan, trialling new roles to provide tailored support for cancer patients post treatment across Bristol. Therefore, 2 part time Cancer Support Workers were appointed to the NGS Macmillan Wellbeing Centre who provide face to face, telephone support and sign posting to services. These new roles have proved to be highly successful and crucial in the success of the Wellbeing Centre. They provide a useful template for the development of innovative and cost effective ways of providing support to cancer patients at NBT. The service is currently exploring a range of avenues to maintain and enhance these posts when the pilot ends.

The Trust is also participating in a project working with Prostate Cancer UK to further develop, embed and evaluate the survivorship programme in prostate cancer for men. The team is in the process of bringing about a service redesign in the approach to care and support for people affected by cancer. This involves implementing an integrated model of survivorship into the care pathway for everyone with a greater focus on recovery, health and wellbeing after treatment. Some of the teams have already implemented a risk stratification process to ensure more targeted and tailor-made follow up for patients following cancer treatment.

Care of the Elderly - NBT uses the "This is ME" a tool for people with dementia to complete that lets us know about patient's needs, interests, preferences, likes and dislikes. This increases the quality of person centred as it improves understanding of the individual, which in turn promotes relationships.

Clinical Governance - The Trust is committed to making safeguarding a high priority and recognises that the requirement for safe practice needs to influence and drive all aspects of the Trust's work and future developments. To that end a Safeguarding Committee was set up some years ago which is chaired by the Director of Nursing. This committee has responsibility for setting and monitoring the delivery of the Trust's strategic priorities for safeguarding and providing assurance to the Board. NBT uses the World Health Organisation check list for safeguarding.

Clinical guidelines are used to ensure the best practice is implemented across the Trust this is supported by the Clinical Effectiveness strategy which focusses on the provision of high quality treatments or services in a way that allows patients to achieve the maximum health gain. Independent health needs are determined on the pre op assessment. To ensure the best care we use a Root Cause Analysis to check for things that may result in harm such as pressures sores, falls or anything else. These are used to try to identify why incidents happen and to ensure learning from them. They involve a range of professionals e .g. nurses, physiotherapists, Occupational therapists and so on.

NBT uses the "This is ME" a tool for people with dementia to complete that lets us know about patient's needs, interests, preferences, likes and dislikes. This increases the quality of person centred as it improves understanding of the individual, which in turn promotes relationships.

Where a patient become unruly we operate a red card system although we do not refuse to treat anyone.

Pastoral Care and Bereavement Services - Religious, spiritual and pastoral care is offered to patients, visitors and staff of all faiths or none and is a valued part of patient care within Southmead hospital. Chaplains help support those at some of the most distressing and challenging times of their lives. For those whose faith is important religious support is offered, helping to improve patients' experience. A new space was created in the Brunel building called "the Sanctuary."

The hospital has its own team of chaplains and volunteer pastoral visitors. The chaplains are from various Christian denominations and one is Gay. The wider team of volunteers also includes Buddhist, Hindu, and Muslim representatives. All members of the chaplaincy are happy to work with those of different traditions and faiths and those with none.

The chaplains regularly visit the wards and are always happy to see patients or visitors, to offer a 'listening ear'. They are also available to pray with a patient or offer the appropriate religious support in an emergency.

The Patient Affairs (Bereavement Services) team provides the expertise to manage the legal and practical requirements following a death in hospital. Working closely with doctors, the wards and the mortuary, they manage the release of the deceased from the hospital to the appropriate people. Previously the team worked with the Muslim community to ensure the best support for families who lose a baby, which has been noted as excellent practice.

Beautiful bound books of remembrance for babies have been presented to the chaplaincy teams at Southmead by the Bristol branch of the stillbirth and neonatal death charity SANDS. These are placed in the Sanctuary at the heart of the Brunel building. The Rev Stephen Oram, Chaplaincy Team Leader for Bristol NHS trust said: "Books of remembrance for babies have been in place since the 1980s. It's somewhere for families to come on anniversaries to reflect on their loss, to have a permanent reminder of their baby is very important for them."

The Sanctuary is being used every day with a constant stream of individuals and groups wanting to pray or just have some peace and quiet.

Interpreting service - It is the policy of the Trust to provide all patients, whose preferred method of communication is not English, with appropriate access to information about Trust services, their treatment and care. Specific communication needs may be met by a range of approaches and are expected to evolve with increased use of technology. Face to face interpreting is only used in very specific cases. NBT uses trained interpreters from our approved suppliers to ensure:

- Patients whose preferred method of communication is not English are involved in their care reducing anxiety and improving clinical outcomes
- Fully trained interpreters are used to reduce clinical risks
- Equal access to care packages and pathways is ensured
- Confidentiality is maintained
- There is no conflict of interest

In 2014 NBT provided British Sign Language interpreting on 320 occasions (average of 26 bookings per month). This is currently provided by South Gloucestershire Deaf Association.

Foreign Language interpretation is currently provided by "The Big Word." 1,145 interpreters were provided by telephone (average 95 per month) and 1,693 face to face interpreters (average 141 per month). Directorates with highest usage are Women's and Children's Health, Surgery, Medicine and Children's Community Health Partnership (CCHP). The most requested languages include Polish, Somali and Arabic.

Patient's leaflets have been rationalised over a number of years and some of these are produced in easy read format which improves access for Disabled people and those whose first language is not English.

8 Facilities Management

Access for disabled patients - Engagement was carried out in the early design stage of the Brunel building when the Bristol Physical Access Chain (BPAC) were asked to review the building design and suggest how Disabled people would best access the building. General issues were raised along with specific issues for hearing and visually impaired patients and for those with dementia. Many of the recommendations were incorporated into the design for example, a "changing places" toilet was installed on the ground floor so outpatients would have access to it, reception desks are fitted with hearing loops and lighting is good throughout the new building.

The BPAC members reviewed the Brunel building in September 2014 when they declared that they felt it is as accessible as possible, they were happy with the space in the accessible toilets as these give enough room for a wheelchair to turn round and for a carer to be present.

Fresh Arts Programme - The Fresh Arts 3 day Festival 2014 was created to celebrate the public art programme in the new Brunel building as well as to show patients, visitors and staff aspects of the on-going Fresh Arts programme through different workshops, performances, exhibitions and artists-in-residence schemes. The Festival created a chance for people to see the hospital as a positive resource, not just "a place for sick people". It offered opportunities to try out creative activities, to give patients and staff a voice, to be a catalyst for expression and – above all – to make the building 'sing' with affirmative activity and life.

Lifelines project - This ran for the whole festival with a writer-in-residence which aimed to capture something their personal 'lifelines' – with a brief to work in clinical areas especially with patients who were isolated or long-stay, carrying the vitality of the programme up to the wards and bringing the creative voices of patients back down to the heart of the festival. Work was carried out with 25 patients and carers across 10 clinical areas who contributed to the process, wrote poems and generated lively conversations with a lot of smiles and laughter.

The 47 lifeline poems written were displayed in the concourse. The poems created speak of human warmth, the joy of nature and the energizing and soothing impact of hobbies such as music and gardening, of the love and support of family and friends; patients spoke highly of the hospital environment.

On several occasions one lady brought a sheaf of poems she'd just written and performed them with great passion, moving her listeners to tears. Putting into words complex and painful feelings about her husband's dementia appeared to have been cathartic and helpful to her, as did the powerful effect of being heard.

Other initiatives include:

Dementia and Care of the Elderly patients:

- Knit With Me project weekly from July 2014 with patients in Elgar House,
- Community engagement in knitting Twiddlemuffs for dementia patients involving local knitting groups such as Southmead Community Centre Knit and Natter, Milestones Trust, Westbury on Trym Church knitters, staff knitting group
- Music performances including monthly evening concerts in the Sanctuary focussed on Complex Care wards and longer stay patients who are experiencing isolation in single bedrooms, plus regular ward visits
- Lifelines creative writing project during monthly from January 2015, including dementia patient carer engagement Eating Disorder clinic patients
- Knit With Me six week knitting project



Giant Jumper

Schools:

- Bristol Schools Chamber Choir, Horfield Primary School, St Teresa's Primary School (Monks Park) and St Mary's Primary School (Bradley Stoke) performed as part of the Fresh Arts Festival, October 2014
- Exhibitions at gate 36 OP clinic by two local schools, Henbury School GCSE pupils and Fonthill Primary
- Artist's commission with Horfield Primary School on local distinctiveness and sense of place

Volunteer Service - The Volunteer Service, comprises people drawn from a diverse background, it introduced "Move Makers" who are available near the check-in points and reception to offer assistance to any patient. This service proved highly effective immediately after the move into the building and has continued since.

Volunteers are provided as Befrienders, to the Chaplaincy, for help at mealtimes, BUST members (fundraising committee for the Breast Care Centre) League of Friends, Patient Panel, maternity, Wellbeing Centre plus Movemakers who comprise almost 39% of the total. 11% of volunteers come from a BME background. Training is offered to volunteers which includes that on equality, 44 volunteers attended this training in March 2014. 50 are on the list for the June 2015 training session.

Patient Experience Group (PEG) - This is chaired by the Director of Nursing and Quality with the aim of improving patient experience, working with the community and ensuring that the Trust puts patients at the heart of everything it does. Patient Experience Leads are nominated by every ward and they are responsible for taking the patient experience agenda out into the Directorates.

PEG works closely with patient representatives and HealthWatch to ensure their views are represented. The Group is instrumental in analysing the Friends and Family Test results, other national surveys and patient feedback data from key patient involvement activities and making recommendations for action. The Trust has drawn up a new Patient Experience Strategy in consultation with staff, patients and carers groups including the Over Fifties Forum, NBT Respiratory Group, Rheumatology Support Group, Cardiac Rehab Group, Alzheimer's Society, South Gloucestershire Equality Forum and the Carers Forum who have explored what exceptional patient experience looks like and how we can make it happen. Reconnecting with this wider audience has been invaluable in helping us to refresh our approach to delivering quality care. The strategy will be finalised later in the 2015.

The Patient Experience Group has continued to meet to receive reports about patient experience and to participate in workshops on topics such as the Trust Strategy, the Patient Experience Development Framework tool. A patient representative from this group feeds back to the Trust's Quality Committee.

Over the last year our extensive programme of involvement and communication has continued to engage patients, carers and the local community in the development of the Brunel building. We have also been working hard to encourage involvement from a wide range of service users for the new Frenchay Health and Social Care User Group and interim solution in Elgar House. Also patients and carers are helping us to streamline our patient administration processes such as our customer care standards and communication channels.

We have a range of other patient/user groups who make a significant contribution to the development of services across the Trust. These include the Rheumatology Patient Support, the Renal Forum and Cardiac Rehab Groups. Having a Foundation Trust membership has enabled us to work closely with our patients, service users and their carers and our public members. As of March 2014 the membership is 11,500 strong and their views help us shape our plans for how our hospital and community services are run.

Patient Panel - The Patient Panel has continued to meet and work with us on a number of audits and other activities it is chaired by a lay person and is involved in a number of activities within the Trust including sitting as patient representatives on various committees and taking part in data collection for audit purposes.

The work of this and the Patient Experience Group is extremely valuable and the contribution of group members is very much appreciated.

Patient Stakeholder Group - Members of this were drawn from the Foundation Trust membership and those involved in the Seldom Heard research (2010) who are representative of a diverse community. They received training on equality and the Equality Delivery System and assessed the Trusts performance on equality in 2014. Their comments have been incorporated into the Equality Objectives for 2015-2016. This group is now managed by HealthWatch.

Patient Information Service - The Patient Information Service guarantees that information given to patients meets standards such as that for the NHS Litigation Authority and Care Quality Commission and ensures that as a Trust we comply with relevant and equality legislation of access for all. This improves our patient experience.

Reception Service - A complaint was received from a blind patient who required his appointment details from every department in a format that could be read by his screen reader. Due to the amount of information on receptionist's screens it is difficult to highlight this request. A new process was set up and a briefing paper explaining this was compiled, which includes the required form for patients to agree to receive details in an electronic format, this is available on the intranet. A number of receptionists also underwent training with an external Visually Impaired (VI) trainer which they found highlighted a number of issues they need to take on board. A new patient record system is to be introduced later in 2015 which should deal with this situation more easily.

Patient parking - There is a contract with taxis to bring disabled patients to the parking area at the front of the hospital and for them to be accompanied to their destination in the hospital. This area is designated largely for them. However, a reasonable adjustment was made for a member of staff, who is a wheelchair user, who has also been allocated a space at the front door.

There are 24 busses an hour that arrive close to the front door.

A new car park, due to be finished in Spring 2016 will give greater access directly into the new building. Following complaints from patients that it was too far and too steep to walk from the current multi-storey facility a shuttle bus was provided. In January 2015 a new bus was brought into service, which has improved access for wheelchairs and all patients with mobility issues. Large size wheel chairs are available at the front door for patients to use free of charge.

Future work - Visually impaired patients expressed a need for an audio guide to the new building and this is being explored with an external company. The costs have been identified and funding has been sought to provide this.

Due to the distance in the Brunel building (280m, just under 1/2 of a mile from one end to the other) a further adjustment is being made to provide a motorised buggy to transport patients. Some of the finance has been identified for this from charitable funds and it is hoped this will be introduced sometime in 2015.

Renal - The renal transplant team based in the Brunel building at Southmead hospital is in the forefront of a new initiative in delivering a patient pathway tailored to people with learning difficulties (PWLD) and complex needs who might not otherwise be able to undergo a life-changing procedure.

The team work with relatives and carers to enable them to continue their role throughout the time spent in hospital. One-stop clinics are held to enable patients to meet healthcare professionals, such as anaesthetists and nurses who will be involved in their care ahead of the procedure so that they are better prepared for their time in hospital.

The renal team have carried out several kidney transplants for people with complex needs in the last year and have about ten more awaiting transplants.

To mark National Transplant Week Bristol theatre group "Misfits," who themselves are PWLD, highlighted the work that goes on to support people who undergo kidney transplants. People who have already had kidney transplants and those waiting for an operation were invited to see "Misfits" perform in the atrium of the Brunel building.

It is acknowledged that supporting people with complex learning difficulties to have transplants improves the quality of life for both the patients and their families.

Surgery - Endoscopy requests are now from GPs and based on clinical outcomes. This ensures the service does not treat patients differently based on their equality profile.

Vascular - a regional service is provided at all of the local hospitals so staff do the travelling thus 58% of patients were treated closer to home.

Women's and Children's Health - In 2014 the focus was on improving services for all women, including those with complications to improve their opportunities to experience a normal birth.

Improvements were made to the birth centre at Southmead hospital to enhance the environment and increase capacity. This provides a relaxed environment with birthing pools, aromatherapy, massage, soft lighting, access to MP3 docking stations and the ability for partners to stay overnight.

The environment of the labour ward has changed following DoH funding to improve privacy and dignity by building ensuite bathrooms, promoting use of the birthing pool, and launching a project called: "Keeping normality at the heart of complexity".

Nationally the majority of women give birth in an obstetric unit, leaving a minority of women using a birth centre or home. The model at North Bristol NHS Trust aims to start reversing the trend by supporting more appropriate women to give birth in a lower risk environment.

Bristol's first freestanding midwife-led birth centre opened at Cossham in 2013, promoting normality and providing wider choice for women. The Neonatal Intensive Care Unit (NICU) at Southmead hospital cares for about 700 babies a year, although not all of them need the support of the unit because they have been born prematurely. About 130-150 of the babies on the unit are born at less than 28 weeks.

Staff, volunteers and parents celebrated World Prematurity Day in November 2014 as NICU was among one of the first units in the country when it was opened in 1946 by Dr Beryl Corner and has been providing pioneering care for premature babies ever since.

18 years ago babies born at 28 weeks were the ones that needed extreme support to survive now it is the babies being born at 23/24 weeks. The unit now has parent volunteers who support families when their babies are being cared for on the unit.

Perinatal mental health has been identified as an area needing development, a new role has been developed to improve experience and outcomes for women who are known to have a mental health condition or suffer a foetal loss.

Eastwood Park Prison service has an action plan on equality activities to develop the prison service.

Maternity services have continued to ask questions regarding Female Genital Mutilation (FGM) and have ensured that this is asked as a mandatory requirement of all women who book in. The maternity data set has been updated to include the questions required for the Department of Health (DoH) and continues to be collected and sent to them as an integral part of the safeguarding process. A named person is leading on this work for the rest of the Trust. Health Visitors and GPs are advised when a baby girl has been born to a family where FGM has been practiced. A well-attended seminar day was held on this in March in conjunction with the DoH who funded it ensuring it was free for staff.

Patient experience was captured in a postnatal survey/audit and in response to the patient Picker survey, which gave an assurance that women receive appropriate safe care provided by competent, caring staff. The post natal team have reviewed the survey and made changes to service delivery in response to women's views.

Staff awareness has been raised by posting Equality newsletters in departments, sending out information on Access to Work. Service users are involved in Maternity Clinical team interviews and Maternity Voices. All staff in maternity had an opportunity to engage on provision of future services. Equality matters are routinely included in training for all maternity staff.

9 How did we do? The statistics

Patient Experience Feedback

The National Inpatient survey reported that:

- 78 percent of patients reported they were treated with respect and dignity
- 79 percent always had confidence and trust in doctors
- 94 percent said the room or ward was very/fairly clean
- 87 percent of patients said they always had enough privacy when being examined or treated

Family and Friends Test for Patients - The Friend and family test collects equality data which is helping us build a picture of our patient demographics. However, there is a need for a greater understanding among staff as to the importance of this.

Results from the Family and Friends Test for Patients (2013-2014) show that 94% of patients would recommend our inpatient and maternity services to their family and friends. Equality monitoring is carried out and this showed that responses came from 52% women, 48% men of which 3% are BME, 81% are White and 16% did not give an ethnic background. 27% stated they are disabled, 65% said they are non-disabled and 7% did not disclose this. 1% stated they are Lesbian, Gay or Bisexual, 51% heterosexual while 7% did not state either way. The largest age group (39%) to be treated were between the ages of 25 – 60 with 16% of people falling into each group 61 – 70, 71 – 80 and 81 and over. 7% did not state their age. It is difficult to pick up trends with one years' set of data but this gives us a basis from which to start.

The information was useful in respect of an enquiry and a Freedom of Information Act request as it gave us additional information about how disabled patients receive our services.

During 2014-2015 the Friends and Family Test has continued for inpatients, maternity services, and the emergency department. Since January 2015 the test has been introduced to day surgery and outpatient departments.

We have improved response rates overall but struggled with specific areas at times.

Following a successful trial of electronic devices and video kiosks during March 2015 we are planning to expand the ways patients can give us their feedback.

The following shows one area where Trust has worked to gather information to improve patient:

Advice and Complaints Team (ACT) - A Complaints and Concerns Policy and Procedure was put in place in 2010 which aims to create a culture that encourages and welcomes patient and service user feedback and gives a commitment to avoid any discrimination against complainants. There were 1006 complaints and 4634 compliments thus complaints comprised only 18% of the comments received. 5 cases (15 in 2013) involved equality or dignity issues. No specific equality areas of concern were identified. Their annual report is presented to the Equality and Diversity committee.

10 Overall Assessment

Protected Characteristics - Lesbian and single women, Disabled and Trans people.

Bristol Centre for Reproductive Medicine (BCRM) - aimed to improve patient access and experience by extending the service to more lesbian women. A programme of outreach work was established with targeted open evenings for prospective lesbian and other patients together with existing BCRM service users, widespread advertising internally and externally and an increase in the promotion of alternative families on their website. The centre set up a Patient Group which includes heterosexual couples, lesbian couples and single women, reviewed all paperwork to ensure it is non-discriminatory, monitor and assessed referrals of lesbian couples and single women, brought in a Lead Nurse for the service for single women.

This had an impact as the numbers of same sex couples increased from a very low number to 37 and single women to 40 and the quality of the service has been noted in feedback from patients.

Patient experience was also improved for Disabled patient as new equipment was bought to assist them. Treatment was provided for a young patient undergoing gender reassignment. Services are offered to people undergoing gender reassignment procedures if they wish to preserve their fertility.

Protected Characteristics – Religion and Belief and non-belief

Pastoral Care and Bereavement Services aim to provide religious, spiritual and pastoral care to patients, visitors and staff of all faiths or none to improve patients' experience. The team is comprised of chaplains and volunteer pastoral visitors. The chaplains are from various Christian denominations and one is Gay. The wider team of volunteers also includes Buddhist, Hindu, and Muslim representatives. However, all members of the chaplaincy are happy to work with those of different traditions and faiths and those with none. The Patient Affairs (Bereavement Services) team provides a crucial service following a death in hospital, their work with the Muslim community at the loss of a baby has been noted as excellent practice.

The outcome is that the new Sanctuary space is well used and the quality of the work is appreciated in feedback from patients.

Protected Characteristics – People with Learning Disabilities (PWLD)

Renal - The transplant team aimed to improve the experience for (PWLD) and complex needs by instigating a patient pathway tailored to their needs. They worked with relatives and carers to enable them to continue their role throughout the time spent in hospital, organised one-stop clinics so patients could meet the healthcare professionals to better prepare them for their time in hospital. This was highlighted by a PWLD theatre group in the atrium of the Brunel building.

The quality of life for both the patients and their families has been vastly improved by this work in Renal.

This report gives evidence of how it meets the Equality Delivery System and works towards meeting the Public Sector Equality Duty. It gives an indication of some of the high quality work within the Trust to ensure: "Better health outcomes" and "Improved patient access and experience."

This can be seen in BCRM with improved services for Lesbian and single women, Disabled and Trans people. The Interpreting service ensures that Deaf people have access to British Sign Language Interpreters and foreign language interpretation is available for patients whose first language is not English. The Facilities Directorate have a continuing relationship with Disabled people to ensure that access issues are dealt with, while Fresh Arts focusses on ensuring positive experience for patients, especial those who may be depressed or have dementia which also impacts on their families and

carers. The Volunteer Service provides much needed individual support to all patients and they have received training in equality which helps them to understand how best to approach patients who may require further support irrespective of their protected characteristic. Letters in different formats were produced for Visually Impaired patients and training was undertaken by reception staff to highlight the need for this.

58% of patients in Vascular were treated closer to home. The experience of pregnant women was improved becoming more holistic following updates to the birth centre at Southmead. A new role has been created to support women with perinatal mental health issues.

Patient engagement is conducted in various ways and there is an extensive programme with patients who are Disabled, BME, over 50 and others which has brought changes to service delivery including streamlining the administration process. A diverse Patient Stakeholder Group gave comments which brought about changes in the equality strategy.

The statistics show that 94% of patients would recommend our inpatient and maternity services to their family and friends. (Family and Friends Test for Patients 2013-2014). 78 percent of patients reported they were treated with respect and dignity. The Trust received over 5500 comments of which 18% were complaints of which less than 0.5% related to equality or dignity.

11 2014 Overview – Staff

Aims and objectives - Our aims and objectives are in line with those of the Equality Delivery System: to have a representative and supported workforce and inclusive leadership which takes into account all the protected characteristics. There is extensive training and promotion of equality issues throughout the organisation to raise awareness of what is involved. Advice is available from the Equality and Diversity Manager and on the intranet equality pages. The main focus is on BME and Disabled staff as they have raised concerns and are the two groups who are shown to be the most dissatisfied in the Staff Attitude Survey.

Other work is carried out on Sexual Orientation, Gender Identity and Religion or Belief and Age. The following shows some of the activities to achieve these overall objectives and to improve the satisfaction levels of BME and Disabled and other staff.

Black and Minority Ethnic Staff - Black and Minority Ethnic members of staff raised concerns about what they saw as a lack of career progression in the Trust. The statistics showed that the majority of BME staff are concentrated in band 5 and that very few are represented in higher grades. During Black History Month 2013 a meeting was held with the Director of People and Organisation Health who was impressed with the staff present. Consequently, mentors were offered by Board members and senior managers. Initially this offer was taken up very slowly due to the move to the new hospital however, 8 pairs were matched up over the period of this report.

The BME Development Group was established, one of the members was elected as chair and the group grew by almost 40 members during 2014. All activities are promoted in the monthly Equality newsletter and electronically within the Trust. Over the next year it is looking at celebrating different cultures to raise awareness throughout the Trust.

The Chief Executive agreed to meet with a small group of BME staff, with a non-executive Director and the HR Director, to listen to their stories and to take this work forward.

A number of initiatives have been brought in to support BME staff which includes promoting secondment opportunities to group members, offering places as assessors at the assessment centres for the new Valued Based recruitment sessions, meeting with the Head of Employment Services who gave an insight into how the process works and recruitment skills training sessions. The recruitment of BME staff increased by 9% in 2014.

Training and courses are also offered and 1 member secured a place on the Mary Seacole programme. "Valued Manager" training was offered to managers to raise awareness.

3 members attended the NHS BME network conference in June 2014 and brought back a number of ideas which resulted in an action plan, most of which was completed last year. This work links with the Workforce Race Equality Standard which became mandatory on 1st April 2015.

For Black History Month in 2014 an outside consultant facilitated a session and the group highlighted issues which they compiled into an action plan. One of these actions is how to build confidence and self-esteem.

More recruitment skills training sessions are organised and staff will again attend the national NHS BME conference in June and a new plan of actions will be formulated.

This is increasing confidence in BME staff and more are joining the Staff Development group. Two members who received mentoring secured permanent posts and a BME trainee gained a temporary post.

Disabled Staff - The Staff Attitude Survey (SAS) has shown for the last 5 years that Disabled staff are the most dissatisfied. The Electronic Staff Record shows just over 1% declare their disability status; this figure has not changed since 2009, in comparison with the SAS when 22% of those who completed forms in 2014 stated they are disabled.

Continuous efforts are made to increase the statistics on the Electronic Staff Record for example all new staff are encouraged to provide this information when they attend Induction training. There have been some technical problems with this in that a self-service facility was introduced in 2014 which was intended to increase the collection of equality information. However, it then emerged that this does not record "disability." This is a problem with a national system which has now been taken over by another company resulting in a further delay it is not known if this will be rectified for some time. This situation is outside the control of the Trust but the issue has been raised as it has an impact on how we measure the effectiveness of the actions we take as the figures on the ESR are very small and we cannot give data to show changes. Feedback from members of the Disabled Staff Development Group on initiatives taken so far are excellent.

Disabled Staff Development Group - A separate group was set up to support the development of disabled staff. Last year 14 new members were recruited to this group, a chair was elected and they met with the corporate Disability Champion. Concerns were raised about a number of policies for example, sickness and return to work and the need for a flexible working policy that encompasses disability. These are being looked at.

Group members were also invited to be assessors at Valued Based recruitment sessions to enable them to understand the recruitment process at NBT. Feedback is that it is too early to see any big improvements but members recognise they can receive support from the Equality and Diversity manager, Ask HR and Occupational Health. The group calls for more awareness raising and training on disability issues throughout the Trust to highlight achievements, to look at good practice in other organisations and to undertake work to ensure that Disabled staff feel valued within the Trust and that their contribution is recognised.

The group will consider the newly launched Bristol Deaf Charter and whether to recommend that NBT adopts it and produces an action plan to implement it in 2015.

NBT's Chief Executive has agreed to meet with a small group of Disabled staff, an Executive Director and the HR Director to listen to the stories of disabled staff and to take the disability agenda forwards

Trust Disability commitments - The Two Ticks Disability scheme was reviewed and re-awarded for a further year by Job Centreplus. The Mindful Employer charter (Mental Health for staff) is being developed by the Wellbeing unit. This project offers training throughout the year which is advertised to key managers.

Staff Equality group - This covers all the protected characteristics (race, sex, disability, sexual orientation, gender reassignment, religion or belief, including lack of belief and age). Members engage with the Trust commenting on policies and practices and organising equality events.

Equality Unit - Advice was given on a wide range of equality topics to departments and individuals across the Trust, these were mainly regarding staff. Of complaints received the majority were regarding disability issues, followed by race.

Employment Services - A number of initiatives are now established in Employment Services to support BME, Disabled, LGBT and other job applicants. The department monitors equality statistics to identify if there are any trends emerging across the Trust.

- Trust website signposts all job applicants to contact Employment Services for further assistance. This displays both the Two Tick Disability and Mindful Employer symbols.
- Arrangements are made when requested to support disabled applicants and ranges from providing coloured paper for dyslexics, increased time for testing and provision of equipment to attend interviews.
- Contact is made with professional organisations for advice when applicants require new adjustments and the best method of support is sought.
- Introduction of Value Based Recruitment. This is currently a pilot but has seen a significant increase in the number of BME staff recruited.
- The Job shop is based in the Brunel building giving greater access, support and job information to existing staff wanting a career change/progression and new visitors to the hospital looking for work.
- Assistant Director of HR and Head of Employment Services provided a bespoke session for BME staff as a result of issues raised by the BME Staff Development Group.
- BME and Disabled Staff invited to become assessors in the Value Based Recruitment Process.

New Starters Project - In 2014 the overall turnover rate for the Trust was around 10% higher than that for comparable trusts with some new starters reporting a negative experience which led to their decision to leave. A project was set up to identify, review and evaluate the experience of new starters in the Trust, find out why new starters were leaving, and give recommendations to improve their experience in order to reduce the turnover rate and improve working lives. Actions taken have already made a positive impact.

Positive findings were that Employment Services are easy to make contact with and queries and problems were answered quickly and efficiently. Adequate programmes are in place to ensure that new starters are invited to formal inductions and in specialist areas. New starters stated they were made to feel welcome at induction programmes. Areas of excellence were found where new starters reported they felt supported and welcomed e.g. in the Emergency Department where a thorough and relevant speciality induction is planned for all new starters.

Negative responses were that in some cases there was a lack of basic information like parking, IT, uniforms etc. although this may be a reflection of the amount of paperwork given to new starters.

A number of recommendations were made and taken up which included the need for a clearer process for exit interviews which was carried out and an improvement seen in the quality and quantity of this feedback, including equality monitoring. Health Care Assistants are now recruited through the assessment centres and has resulted in an increase in the retention of staff. A need to speed up pre-employment checks saw contracts being sent with offer letters and approval of references being taken in Employment Services this process has improved timescales by a month, enabling earlier start dates. A pilot of on line Occupational Health checks means that these are being carried out more quickly and recommendations on how to reduce times for eligibility checks is being examined. There is an ongoing process of monitoring statistics over the year.

Standardised Shift Working Group - Following the move to the new hospital 12 hour shifts were introduced for nurses and has received mixed reactions. This group was set up by the Director of People and Organisation Health and the Director of Nursing and Quality, with the aim of:

1. Identifying current staff views regarding 12 hour shifts
2. Obtaining recommendations on how best to manage 12 hour shifts

As part of this work an engagement survey has been completed by over 850 staff to gain a better understanding of:

- Childcare issues
- Age related view
- Health conditions

The report and recommendations are due to be shared with staff in June 2015.

Promoting Equality issues - Equality newsletters were established and are now produced monthly, events are also promoted internally on the weekly e bulletin and the electronic notice board. Some items have been added to the monthly external HealthWatch electronic bulletin. Events are held during the year to mark Black History Month, International Men's Day, Disability History Month, World AIDS Day, International Day Against Homophobia and Transphobia, Lesbian, Gay, Bisexual and Trans History Month when Peter Tatchell, Human Rights campaigner addressed a diverse group of staff, this was organised in conjunction with Unite the Union, Cheryl Morgan, a trans woman, facilitated a seminar when counsellors and a doctor attended among others, Chinese New Year and International Women's Day (IWD) with an event hosted by the Director for Nursing and Quality and a seminar facilitated by Kerry McCarthy, MP for Bristol East. All of these are open to all staff except for the IWD event.



Peter Tatchell, Human Rights Campaign, Lesley Mansell, Equality and Diversity Manager, Phil Hedges, Chair Bristol NHS Branch Committee

Equality training is carried out throughout the year (see training section) and is given to all new staff at Corporate Induction; Consultants updates; Valued Manager for those on the Lead programme, and specific session like that on Aspergers was offered and very well attended.

Partnership Working - The Equality and Diversity manager has taken an active role with various external organisations and service users this has meant pooling expertise and resources to work on specific projects to benefit of patients, carers and staff for example:

- Diamond Cluster (BNSSG NHS Equality managers)
- South Gloucestershire Council
- HealthWatch
- LGBT Forum
- Men's and Boy's Health Forum
- Gypsy, Roma, Traveller Group
- Patient Representatives

The Equality and Diversity manager also provides advice and information to internal departments, groups and individuals like:

- Staff Equality Group
- ASK HR
- Employment Services
- Fertility services
- Occupational Health
- Facilities Management
- Parking Services
- Move project (Move to new hospital)
- CAMHS (Children and Adolescent Mental Health Services)
- Communications Department (including freedom of information requests)
- Students

12 Section Staff Services

The Sanctuary (formerly the Chaplaincy) - The Sanctuary is a new space on the ground floor of the Brunel building. Feedback from staff is that they are very happy to have this fantastic new facility and support from the Chaplaincy staff who come from a variety of religious denominations, including one member who is gay. All staff will support anyone who approaches the service whether they have a faith or none.

Staff are very happy to have this fantastic facility and support from the Chaplaincy staff. "Staff described the chaplaincy team as very accessible and caring." CQC Feb 2015.

Christian Prayer Group - This group has 73 members of staff who are Christians and receive a weekly email with prayer points for workplaces across NBT, hospital and community services. A smaller group meets every Wednesday lunchtime to meet to pray and bless work areas.

Feedback from members is that knowing other Christians means that they don't feel alone in the work place, but part of a wider community. Members feel this helps to change difficult work situations and that prayers are answered e.g. issues with staff, complex discharges and seeing people's health improve. They are considering adding extra days/times and social meetings to help more people to be involved in the group over the next year.

Muslim Prayer Space - On Fridays there is a congregation of about 40- 50 people including some women who attend Muslim prayers. The majority of them are Trust staff, some are patients and others are local residents.

For daily prayers Muslims use the small room as staff come at different times throughout the day.

Staff Reward - A new project was set up in 2014 to look at Staff Rewards, a number were identified and a Staff Discount Brochure was produced. The Exit Questionnaire was rebranded and the form was reviewed, it now includes monitoring on disability, sexual orientation, religious belief and ethnic origin, indicators for discrimination, harassment, bullying, dignity and respect. This increased the amount of equality data captured.

The form was also simplified for Facilities Management as many staff there do not have English as their first language. Managers and Staff Side reported this and there was an increased return rate on exit questionnaires.

Staff are now asked where the Trust could have done better to support their disability and all staff who complete the form are given an opportunity to feedback on improvements.

Reward Interviews - Staff were interviewed in June 2014 from an identified equality group.

Staff Discount Brochure - Ideas were sought from the Staff Disability Group for discounts for them. 6 were negotiated which were included although identifying these was quite challenging. As a thank you, all the members of the Staff Disability Group received a personal copy of the brochure. The impact was more positive, as time was taken to listen, discuss and act on their behalf.

A condensed fruit drink was distributed to all staff across the Trust including bank staff; the latter has a high population of BME staff.

Total Reward - Equality groups and the Sanctuary are actively advertised on Total Reward documentation, on posters in departments and on the intranet pages.

Future Work - The electronic staff record system gives staff access to some of their personal details which they can alter. The company who provides this is looking at how to include disability as this has been omitted.

Staff Wellbeing - The Trust offers a staff counselling service, provides relevant vaccinations for nurses and all staff are offered protection against flu.

A new Well Being Project was introduced in 2014 and all initiatives have been promoted through the new Staff Wellbeing Newsletter, the revamped Zest4Life Intranet site and during Corporate Induction sessions for new staff.

Mental Health - The Trust signed up to the Mindful Employer Charter and this was promoted through:

- Occupational Health Service APOHS
- Breathing Space – Mindfulness meditation
- Health and Safety Stress awareness events
- Carers Liaison Team
- Happiness Project, promoted local mental wellbeing support and mental wellbeing sessions with staff across the Trust during October 2014
- World Mental Health Day was celebrated with an information display

Community Outreach days raised awareness in the Brunel building via:

- Nilaari Agency, a community based mental health and complex needs support provider that administers accessible, high quality and culturally appropriate counselling, advocacy and support primarily to Black and Minority Ethnic (BME) adults and young people in Bristol who are experiencing mental health difficulties. Anyone can access their services
- Rethink, a charity who help millions of people affected by mental illness by challenging attitudes & changing lives

Staff Wellbeing Champion Network - This network began in 2014 and has over 400 members Trust wide. The aim is to raise awareness of wellbeing support and services and provides a link to the Champions work area to feedback on staff wellbeing concerns and suggestions for improvement to the Staff Experience team and managers. There is a focus on recruiting Wellbeing Champions who are over 50 years of age and ensuring a mix of champions from diverse communities.

Men's health - Set up and promotion of an NBT's men's football fitness training and team.

Women's Health - Jo's Cervical Cancer charity – awareness raising.

Celebration of International Women's Day with free alternative therapy sessions for staff.

Money Advisory Service - This was set up to offer free unbiased advice to staff. It has proved very popular, increasing the number of sessions running from one day a month to two a month on the Southmead site and in the community. Feedback has been very positive, with the main demand on this service being for pension's advice for those retiring/considering retirement.

Section Training - 3125 (44%) of staff undertook some form of equality and diversity training, attended corporate induction or used the E learning equality and diversity course. Many of these are new starters. This is an increase of 31% on the previous year.

2839 (39%) of staff went through iCARE training compared with 15% in 2013. Staff are made aware of how important it is to treat everyone fairly, equitably and with respect, dignity and compassion, in line with the Trust Values.

All new staff are required to attend a Corporate Induction session which includes the Trust Values and equality matters. The Learning and Development department was evaluated and granted the Quality Mark by Skills for Health. The review specifically noted a high degree of quality in the equality section of the Corporate Induction training as it is positive and interactive.

Learning and Development provide training courses that include the protected characteristics like the Management Training Programmes, which emphasise the need for managers to treat staff fairly and equitably and cover all equality groups, Recruitment and Selection and Preventing and Dealing with Harassment and Bullying, Management Training Programmes, while the Mandatory Update Programme for Doctors includes responsibilities under the Public Sector Equality Duty. Appraisals were carried out for over 90% of staff and their assessment was that these were of good quality.

Preparation for Retirement courses are offered to staff who are retiring, the aim is to provide advice and guidance to help them to prepare their affairs effectively. 68 people attended these. Topics covered are:

- First thoughts on Retirement
- Adjusting to change
- Leisure in Retirement
- Keeping in touch with the NHS
- Health matters
- Money matters and Wills
- NHS pension scheme
- Safety and security in Retirement

This course has been reviewed and four (one day) courses a year are held, offering 100 places. Currently these are oversubscribed. Feedback comments include:

“Very good programme well organised and presented, good information friendly warm and approachable people providing presentations.”

“Preparation for retirement has many facets – financial, Health, wellbeing, interests, changes in opportunity and the programme provides a good mixture of all of these elements very comprehensive presentations delivered on crucial subjects by well informed, credible people. Good mixture of knowledge and styles of presentation.”

Apprenticeship Schemes - Younger staff are supported to undertake these in the Trust to help them to develop skills and achieve qualifications. Apprenticeships are also provided for staff older than the typical specified age range for apprenticeships but these do not attract funding in the same way.

Traineeships are offered to young people through Job Centre plus.

Valued Manager Training was offered to managers and focussed on equality matters. This is being rolled out across the Trust in 2015 as it received exceedingly positive feedback and was welcomed by managers.

Basic IT skills training offered to older members of staff for complete beginners and has proved very popular across Clinical Directorates, for Facilities Management and NBT Extra Bank staff. 23 staff have attended the course since it began and feedback is excellent. More are planned over the next year.

Section Headline Data for our workforce for 2014

The statistics show that BME staff are still predominately in band 5 (20%) and are underrepresented from bands 6-9 against the Trust BME workforce average of 13%.

Women are 76% of the workforce but in senior posts (such as band 8D, 9, Consultants, Registrars and SAS Doctors) they represent 68% of this group (9% below the workforce figure) whereas the percentage for males is 31% (9% higher than that in the workforce).

1.17% of staff state they are disabled which is an underrepresentation against the National Staff Attitude Survey (SAS). Results for NBT in 2014 reported a total of 22% who declared they are disabled, an increase of 5% from the previous year.

The Trust has 1.44% of employees who define themselves as Lesbian, Gay or Bisexual (LGB). This is a slight under-representation against the national data collected by the Office for National Statistics (ONS) which shows 1.5%.

Staff belonging to religions "Other" than Christian account for 7.5% of all staff which is an over-representation against the 2011 ONS data (0.5%).

National research suggests that BME people and women are significantly underrepresented on NHS Boards at NBT 36% are female, 7% declare a disability. 14% are from a BME background this is higher than the percentage for Trust Boards in London (9%).

Recruitment - It does not appear that there are any immediate barriers to applicants with protected characteristics. The figures for 2014 show an increase in appointments of BME people and, although numbers are low for disabled and LGB applicants over 50% of those who applied were successful.

For BME applicants almost 23% were appointed, an increase of 9% from 2013.

28% who applied were BME and 23% were appointed.

Disabled applicants comprised just under 4% of the 19,000 applicants and of these almost 3% were successful.

In 2014 there was an increase of 23% of leavers. Most of these are in the age range from 26 – 45. These figures reduce for age bands after 56-60. Less than 4% of applicants stated they were Lesbian, Gay or Bisexual and just over 3% of these were appointed.

Equal Pay - NBT has a robust job evaluation process which includes Staff Side representatives and managers who assess job descriptions, this is in line with Agenda for Change terms and conditions of employment. All jobs are assessed anonymously. Standardised pay scales and terms and conditions of employment are in place as per NHS Terms and Conditions Handbook and national medical staffing contractual arrangements.

No cases of equal pay have been submitted to Employment Tribunal for a number of years. Further any changes to terms and conditions of employment are always negotiated with Staff Side.

Employee Relations - BME staff are represented in 8 of the 12 categories of cases raised with Ask HR which is lower than those of White staff who are included in 11. BME staff represent 15% of cases overall which is similar to the figure for 2011 and 2% higher than the BME workforce statistic. For disciplinary cases 38% were BME staff (25% more than the workforce figure) and 58% White staff, Harassment and Bullying cases concerned 29% BME staff and 57% White staff, grievances were raised by 18% of BME staff (5% more than the workforce figure) and 17% of White staff. It should be noted that these figures are calculated from the small number of cases registered in all these categories.

There is a large amount of equality data missing from the Electronic Staff Record for disability thus there is only 1 case dealt with by HR (whistleblowing) involving a disabled member of staff. All new members of staff are encouraged to provide this information when they attend Induction sessions.

82% of cases were raised by women 4% higher than the female profile of our workforce compared with 15% from men which is 9% lower than in the workforce.

The combination of data that was missing and those who did not define their sexual orientation represents 47% of staff who were managed under HR policies. 51% of these staff categorised themselves as heterosexual and 2% stated they are Lesbian, Gay or Bisexual in 2014 thus this figure has doubled since 2011 when it was less than 1%. There was a rate of 4% of LGB staff in disciplinary cases and 6% grievances. Overall figures are currently too small to be statistically significant.

Staff Attitude Survey Results - 20 categories were examined for equality impact from the 2014 survey, which itself had a very low response rate. It showed that BME staff fared better than White staff in 9 categories which is an improvement from 2014 as this represents an increase of 4 categories from 2013. Disabled staff showed lower results in 17 categories an increase of 2 categories since 2013. This was the largest equality group to respond (22%). Since 2009 this group have showed the most dissatisfaction. Women fared better in 13 categories than men. 51% of respondents said they are Christian, 38% had no religion, and other figures were too low to record. There were no recorded responses from LGBT staff.

13 Headline Data 2014

The following headline data shows the diversity of staff at North Bristol NHS Trust between January 2014 and December 2014. The Trust now has this data from 2009 and the information is scrutinised by the Equality and Diversity Committee to monitor changes and highlight where action needs to be taken.

Our Workforce

Workforce by Gender

Female → 76%

Male → 24%

Workforce by Ethnicity

Black and Minority Ethnic Staff → 13%

White Staff → 84%

Workforce by Disability

Disabled → 1.17%

Non-Disabled → 60%

Did not say → 39%

Workforce by Sexual Orientation

Lesbian, Gay, Bisexual → 1.44%

Heterosexual → 55%

Did not say → 43%

Workforce by Religion and Belief

Christian → 35%

Atheist → 7.5%

Muslim → 1.15%

Hindu → 0.47%

Buddhist → 0.46%

Sikh → 0.14%

Jewish → 0.09%

Jains → 0.02%

Did not say → 50%

Workforce by Age

16-20 → 0.85%

21-30 → 9%

31-40 → 25%

41-50 → 26%

51-60 → 24%

61-70 → 4%

Family and Friends Test for Staff - The Family and Friends Test for staff is not disaggregated by protected characteristic and the information for 2014 showed that staff experience was very poor throughout the Trust.

The survey method was electronic although some postcards were also distributed to supplement this (only 161 hard copy surveys were returned). Over the 3 quarters surveyed there were around 60% of respondents who said they were likely or extremely likely to recommend NBT to friends and family if they needed care or treatment and 41% who were likely or extremely likely to recommend it to friends and family as a place to work.

Two additional questions asked were:

- What can be done to improve staff engagement/communication in your area?
- What can we all do to improve working lives here at NBT?

Many of the issues raised in response to these questions were similar to those highlighted as concerns i.e. transport/communication/good line management/shifts/bed management.

In response to the question around improving working lives, staff felt that there should be greater celebration of good practice and more positive feedback (as opposed to a focus on negative feedback).

A set of actions were put into place to improve staff experience and the results for this test and are to be reported on later this year.

Harassment and Bullying - The harassment advice line service is confidential and independent. It was launched in November 2009 and is supported by staff who volunteer as harassment advisors, they are recruited from a diverse staff group. The service is continually reviewed and developed. In 2014 the helpline was moved to the equality office to encourage confidence and increase usage. There is a Trust wide policy that covers all protected groups. The policy is reinforced with a user guide for staff and managers which clearly identifies the process to follow to either resolve concerns raised informally or via formal investigation.

The equality profile of users is reviewed annually and reported to the Equality and Diversity committee. Take up of the service is low and promotional messages are sent out throughout the year via electronic means, on posters and monthly in the equality newsletter. All new staff are informed at induction about the policy and service and are encouraged to report incidents.

The Harassment and Bullying helpline received 17 calls which is a fall of 49% from 2013. There were 18% cases relating to BME and Disabled staff respectively, 6% for gender, none for LGBT, Religion or Belief or Age. The helpline is confidential and there are trained volunteers who offer support. However, there is more anecdotal evidence which suggests that this is not reported. There is regular advertising to staff about the services and new recruits are made aware of it during their Induction session and training is offered to managers on how to address this.

In 2015 more advisers were sought and a number of staff applied to take on the unpaid role. They will undergo training later in the year.

Protected Characteristics - Black and Ethnic Minority

Our workforce figures showed the majority of BME staff concentrated in band 5, the Trust aims to have a representative and supported workforce so a number of initiatives were brought in. These opportunities have been taken up and more staff are joining the BME Development group which is helping to increase their confidence. Two members who received mentoring secured permanent posts and a BME trainee gained a temporary post. The workforce figures show that far more BME staff were recruited in 2014 a 9% increase from 2013.

Protected Characteristics – Disability

To change the perception of Disabled staff in the Staff Attitude Survey a Disabled Staff Development Group was set up. A number of actions were taken and disability issues publicised. The monitoring figures are very low therefore it is difficult to evidence any impact at this early stage. However, feedback from the group is very positive. The Two Ticks Disability scheme was reviewed and re-awarded for a further year along with the Mindful Employer charter (Mental Health for staff).

There was an increase in the number of staff recruited who are disabled and Employment Services take a number of steps to support Disabled applicants through the process.

Protected Characteristics - Age

Preparation for Retirement courses are offered to older staff while younger staff are supported to undertake Apprenticeship Schemes, some of these are also available to older staff. Traineeships are offered to young people through JobCentre plus. The impact is that younger people are being recruited and those retiring have found great benefit from the retirement course.

Basic IT skills training sessions were offered to older members of staff who tend to have less confidence using a computer and they found this enormously helpful at work and in their daily lives.

Protected Characteristics – Religion and Belief

The new Sanctuary space offers support to staff with or without a religion or belief which includes specific prayer space for Christians and Muslims. There are volunteer chaplains who are Hindu and 1 is an Imam while another is Gay. All staff will support anyone who approaches the service whether they have a faith or none.

Feedback from staff is that this service is valued. Chinese New Year has been celebrated for a number of years.

Protected Characteristics – Lesbian, Gay, Bisexual and Trans (LGBT)

Much is done to raise awareness of these through displays and seminars events to mark LGBT history month, World AIDS Day, International Day Against Homophobia and Transphobia and to highlight issues of harassment and bullying. All activities are open to all staff. Staff are also supported by previous actions which include two charters of 10 standards for Lesbian, Gay and Bisexual people and Trans people and guidelines to support staff who transition from one gender to another.

Protected Characteristics – Race, Disability, Gender, Sexual Orientation, Gender Identity, Religion or Belief and Age

These characteristics are all promoted throughout the year in the monthly Equality newsletters along with other internal electronic mediums to notify staff of all activities, give information about new developments and events. Quizzes have also been used to raise awareness.

Equality training is carried out throughout the year or embedded within specific courses like that for Staff Recruitment which staff state is good quality and helps them to deliver their services.

Overall Assessment

Staff Training - The aim to ensure that training and development opportunities are taken up and positively evaluated by all staff was met in that 44% of staff undertook some form of equality and diversity training in 2014, an increase of 31% on the previous year. 39% of staff went through iCARE training a 24% increase from 2013. 17% of BME staff undertook some form of non-mandatory training which is 4% higher than the workforce figure for these staff and 3.5% more than in 2013. The Learning and Development department was the first to gain the Quality Mark by Skills for Health. The review specifically noted a high degree of quality in the equality section of the Corporate Induction training as it is positive and interactive.

Our aim to have a more representative and supported workforce is shown to have been met through the work for BME and Disabled staff. There has been a focus on Black and Minority Ethnic and Disabled staff over the last 15 months as members from both groups raised concerns about their development and the need to focus on making reasonable adjustments in terms of policies. Numerous training and other opportunities were offered and this is starting to show results for BME staff who have succeeded in securing permanent posts. The recruitment process has been reviewed and revamped which has resulted in an increased number of BME, Disabled and LGBT people being recruited.

Further support is offered through the Staff Equality group and awareness is raised through equality events like those for Black, Disability and LGBT history months and International Women's Day, while equality training covers all the protected characteristics.

Other initiatives to support staff include the Staff Engagement and Well Being projects and the New Starters project.

Staff have the opportunity to participate in religious worship in the Sanctuary and guidelines are being drawn up for staff regarding times to pray, fasting, dress code and religious festivals in 2015.

Feedback from staff is very positive regarding all of this work for example the Harassment Helpline receives great reviews and more staff engage with the work of the Trust as a consequence.

Section Corporate Achievements

A measure of the quality of the work at NBT is shown through the numerous awards received which also impacts on service delivery and shows that patients are at the centre of what we do.

Excellence in Practice award was given to Sister Anna Bell who set up the domestic violence service in the Emergency department two years ago. This was presented by South Gloucestershire Partnership Against Domestic Abuse, which is made up of the police, council, NHS and voluntary organisations, for demonstrating best practice in tackling domestic abuse. Staff have been trained in the types of questions to ask patients they think might be at risk of domestic abuse and there are two full-time Independent Domestic Violence Advisors working in the department.

Clinical Pharmacy Congress Awards. Julie Hamer became clinical pharmacy technician of the year. She is the senior pharmacy technician at Southmead Hospital. The director of pharmacy Andrew Davies was shortlisted in the chief pharmacist of the year category.

BMJ Awards in the Dementia Team of the Year Awards. The Memory Café was highly commended.

Royal College of Midwives Annual Midwifery Awards. The trust, which runs maternity services at Southmead and Cossham hospitals, reached the finals for its work to support women who want to give birth in a low risk setting from hundreds of entries in the Excellence in Maternity Care category for its Moving Forward project, which set out to give women more choices about where they give birth.

South West Fairtrade Business Awards. Southmead Hospital's staff restaurant, the Vu, was presented with a silver award in recognition of its commitment to buy fairly traded products and also for the good work of the catering team in terms of raising awareness amongst staff about the products on sale which include bananas, tea, coffee, fruit juice and chocolate.

The National Skills Academy Skills for Health Quality Mark was awarded to the Learning and Development department. The mark provides a framework that defines and endorses superior learning and training standards that healthcare employers need to cultivate a world-class workforce. NBT is recognised as a leading organisation for the education and training of healthcare and hospital staff. The Trust was assessed across its training portfolio and includes that for equality.

The trust is one of just 16 organisations across the UK to receive the endorsement for delivering high quality training and the first hospital trust in the South West to achieve the standard.

South West Apprenticeship Awards. The Trust was named training provider of the year at the South West Healthcare Apprenticeship Awards in February 2014. Also acknowledged were:

Advanced Level 3 Apprentice of the Year went to Allison Cooper, a trainee assistant practitioner. Three other apprentices from the trust were highly commended.

Higher Level 4 Apprentice and Inspirational Apprentice, trainee assistant practitioner Oliver Milton-Newland was highly commended.

Level 2 Apprenticeship in Payroll. Sarah Parsons was the first person in the Trust, and the country to complete this.

Therapy Nurse of the Year 2014 Renal access nurse Wilfredo Manuel collected this award. A new service means that specialist nurses are trained in the practice of IV (intravenous) therapy. Southmead is the first hospital in the South West to have offered the service and it embeds good infection prevention and control and reduces waiting times.

Estates and Facilities Innovation Award was secured at the Health Business Awards, which is a national award, in recognition of the work of staff and volunteers in undertaking the massive task of moving into the new Brunel building at Southmead Hospital Bristol. This highlighted the work of the MoveMakers (volunteers) acknowledging their work to support the move from the two hospitals at Frenchay and Southmead to the purpose-built new Brunel building. The award recognised the scale of the whole project, which saw the transfer of patients and staff over the course of two weeks, which was akin to a military operation and was carried out with the support of the RAF, Royal Marines Reservists as well as the ambulance service.

Work Experience Quality Standard - NBT became the first NHS organisation to be given this honour. It is a national accreditation designed to recognise organisations with exemplary work experience provision; and also as a framework for development to help organisations plan, run and evaluate effective work experience programmes. The trust works with partners, including Job Centre Plus and schools and colleges to offer work experience placements.

Care Quality Commission (CQC) inspections - This inspection took place in the run up to Christmas, the busiest period in the history of the NHS, not just in Bristol, but across the country and just a few months after the move from two hospitals into one. Every single service was rated as being "good" in the context of caring and Trust staff were described by the CQC as being "committed and passionate" and it was recognised that the caring nature of our staff runs through every one of our services "like a stick of rock". However, its performance overall was seen as average and strategies were put into place to manage this.

Cossham Hospital - Cossham Hospital passed all essential standards in its first inspection by the Care Quality Commission since its £19 million refurbishment. The 106-year-old community hospital in Kingswood reopened in 2013 and provides the area's only stand alone midwife-led birth centre, renal dialysis unit, X-ray and scanning department, physiotherapy and outpatient appointments.

Care Quality Commission inspectors found that the hospital was meeting all six standards during its unannounced visit in November and praised the high standards of cleanliness and said patients were positive about the standards of care.

Community Children's Health Partnership (CCHP) - CCHP services were rated as 'Outstanding' by the Care Quality Commission and described by inspectors as an "example of outstanding service nationally" for its commitment to involving children, young people and their relatives in planning and making decisions about their care.

The service works in partnership with the Barnardo's charity and provides all community child health and child and adolescent mental health services for Bristol and South Gloucestershire. It is a model that is unique nationally.

"Most services that provide this type of care are delivered by different providers, for example social enterprises, mental health trusts or private providers," says Dr Jane Schulte, the partnership's director and a consultant community paediatrician, "but we are unusual in that we are partnered with a charity and overseen by an acute trust.

Emergency Department - Staff in the Emergency Department at Southmead Hospital Bristol were praised for their care and compassion by inspectors from the Care Quality Commission who highlighted the passion and team work of the department's clinical staff as an area of "Outstanding Practice" in their report along with their "determination to provide high standards of care in the face of significant challenges".

14 2015 – future challenges

Since 2009 the Staff Attitude Survey (SAS) has shown that some areas are becoming worse, Disabled staff still represent the most dissatisfied group in the Trust, followed by BME staff, work is being undertaken to address this. However, far more is being done to promote equality, raise awareness and provide training. The impact of this work is that in the past year more BME, Disabled and LGBT staff have been recruited to the staff equality groups, there was a 29% increase in staff taking some form of equality training, career development for BME and Disabled staff is underway and reported cases of harassment and bullying are falling.

The Workforce Race Equality Standard and the Equality Delivery System are both mandatory and while we are confident that the work we do to support BME staff is having an impact we will continue to build on this. Similarly with the EDS, the Trust works hard to embed equality throughout the organisation and the challenge is to gather the information together to demonstrate the impact of this.

15 Conclusions and recommendations

The Trust can evidence the work it does across the protected characteristics for patients, carers and staff. Patient satisfaction remains stable and the Family and Friends test showed that the majority would recommend NBT. Consultation is carried out in various departments with patients and much work is done for BME and Disabled patients, women and men, Lesbian, Gay and Bisexual and Trans patients and for those with a religious belief or none.

In accordance with the Public Sector Equality Duty North Bristol Trust can show through its policies and practices that it endeavours to deliver the three aims of the General Duty.

This report demonstrates some of the activities that are contributing towards removing or minimising disadvantages experienced by patients, carers and staff due to their protected characteristics and to tackling prejudice and promoting understanding between people who share a protected characteristic and others who do not.

The Trust meets the Specific Duty, has set equality objectives for the four years from 2012 - 2016 and publishes this report to show compliance with the equality duty.

Under the Equality Delivery System the Trust is found to be delivering positive outcomes for the 7 main protected groups, and is working towards continuous improvement.

There is good engagement with patients, carers, communities and staff from protected groups to a greater extent. There is recognition of inequalities between protected groups and patients or staff as a whole. Information gathered is used to inform developments in services for all whether patients, carers or staff.

The Trust has continued to work to ensure that equality of opportunity exists for all staff and has provided services to meet the requirements of people with different protected characteristics.

Consultation was carried out with patients through the patient Experience Group and HealthWatch, they agreed the overall grade for 2014 is "Achieving" or Green under the Equality Delivery System 2. This shows that improvements are being made as NBT has moved up from the previous year when it was graded as "Developing" or Amber.

The initiatives taken up for BME and Disabled staff in particular will have further action plans devised in conjunction with staff to bring about positive changes.

To reach the next level of EDS2 there needs to be an increase in the gathering of equality monitoring data, all departments need to ensure that they include equality actions in their business plans and report any actions taken on equality and detail these, together with the impact this has on people with different protected characteristics. This was agreed as a priority by the Equality and Diversity committee along with the need to raise more awareness and provide more training over the next year.

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March 2015

Please contact us if you require this report in a different format.

16 Appendix A Abbreviations

Annual Equality Report Glossary

Term	Definition
ACT	Advice and Complaints Team
BCRM	Bristol Centre for Reproductive Medicine
BME	Black and Ethnic Minority
BPAC	Bristol Physical Access Chain (BPAC)
CAMHS	Child and Adolescent Mental Health Service
CCHP	Community Children's Health Partnership
CCGs	Clinical Commissioning Group (replaced the PCT)
CORC	CAMHS Outcomes Research consortium
CQC	Care Quality Commission
DoH	Department of Health
EDS	Equality and Delivery System
ESR	Electronic Staff Record
FFT	Family and Friends Test
GRMC	Governance & Risk Management Committee
GTR	Gypsy/Traveller/Roma
HR	Human Resources
IDDP	International Day of Disabled People
IWD	International Women's Day
JSNA	Joint Strategic Needs Assessment
LEAD	Leadership Development Programme
LGBT	Lesbian, Gay and, Bisexual and Trans
NBT	North Bristol NHS Trust
PCT	Primary Care Trust
PROMPT	Practical Obstetric Multi-Professional Training
PSED	Public Sector Equality Duty
PWLD	People with Learning Disabilities
Staff Side	Trade Union
WAD	World AIDS Day
YPF	Young People Friendly

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